

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2415567
<b>Decision Date:</b>	1/15/2025	<b>Hearing Dates:</b>	11/14/2024 01/14/2025
<b>Hearing Officer:</b>	Thomas J. Goode		

**Appearance for Appellant:**  
Pro se

**Appearances for MassHealth:**  
Elizabeth Cruz, Tewksbury MEC  
Joseph Conrad, Tewksbury MEC



*The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Office of Medicaid  
Board of Hearings  
100 Hancock Street, Quincy, Massachusetts 02171*

## APPEAL DECISION

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Eligibility
<b>Decision Date:</b>	1/15/2025	<b>Hearing Dates:</b>	11/14/2024 01/14/2025
<b>MassHealth's Reps.:</b>	Elizabeth Cruz Joseph Conrad	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Remote	<b>Aid Pending:</b>	No

### Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder.

### Jurisdiction

Through a notice dated September 30, 2024, MassHealth denied Appellant's application for MassHealth benefits because MassHealth determined that Appellant is not MassHealth eligible (130 CMR 505.001, 506.007 and Exhibit 1). Appellant filed this appeal in a timely manner on October 8, 2024 (130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal (130 CMR 610.032). The hearing was reconvened on January 14, 2025 (Exhibit 3).

### Action Taken by MassHealth

MassHealth denied Appellant's application for MassHealth benefits because it determined that Appellant is not MassHealth eligible.

### Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 505.001, 506.007, in determining that Appellant is not MassHealth eligible.

## Summary of Evidence

The MassHealth representative testified that a renewal application was submitted to MassHealth on September 30, 2024. On September 30, 2024, MassHealth determined that Appellant is not MassHealth eligible. Appellant is ■ years old, and lives in a household of one person for MassHealth eligibility purposes. Appellant is a U.S. citizen, a tax-filer and claims no tax dependents. Appellant submitted a disability supplement which was denied on May 5, 2024. The denial was not appealed. Appellant does not have children under ■ years of age, and did not report a pregnancy, a diagnosis of breast or cervical cancer, or HIV. MassHealth testified that Appellant is employed with seasonal monthly gross income totaling \$3,498.98, and yearly seasonal income of \$41,987.80. MassHealth records showed that Appellant's gross income equated to 273.80% of the federal poverty level for a household size of one person. At the reconvened hearing, MassHealth testified that Appellant's reported income decreased to \$37,789.02 seasonally, which equates to \$3,149.09 seasonal income over a 12-month period. MassHealth maintained that Appellant is not eligible for MassHealth coverage because income exceeds 150% of the federal poverty level \$1,833; however, Appellant is eligible for partial Health Safety Net.

Appellant verified household size, tax-filing status, and income. Appellant testified that she submitted a disability supplement because she has Type 1 diabetes. Appellant added that she did not appeal the disability denial. Appellant testified that she lives with her mother and has private health insurance through her mother's employer until she reaches ■ years of age. Appellant added that she pays her mother rent and is also a full-time college student paying student loan interest that may add up to as much as \$300 per month, but she has not submitted documentation to MassHealth to show student loan interest or tuition she has paid. Appellant added that she needs dental insurance. Health Safety Net is helping to cover co-payments.

## Findings of Fact

Based on a preponderance of the evidence, I find the following:

1. Appellant is ■ years of age and has not been determined disabled.
2. Appellant submitted a disability supplement which was denied on May 5, 2024. The denial was not appealed.
3. Appellant is a U.S. citizen, a tax-filer, claims no tax dependents, and is not claimed by another as a tax dependent.
4. Appellant lives in a household of one person for MassHealth eligibility purposes.
5. Appellant does not have children under ■ years of age, and did not report a pregnancy, or

a diagnosis of breast or cervical cancer, or HIV.

6. Appellant is employed with seasonal monthly gross income totaling \$3,149, and yearly seasonal income of \$37,789.02. Appellant's gross income equates to 245.92% of the federal poverty level for a household size of one person.
7. 150% of the federal poverty level for a household size of one person is \$1,833 per month.
8. Appellant has not submitted documentation to MassHealth to show student loan interest or tuition paid.
9. Appellant is eligible for partial Health Safety Net.

## Analysis and Conclusions of Law

MassHealth provides access to healthcare by determining eligibility for the coverage type that provides the most comprehensive benefits (130 CMR 501.003(A)). There are several MassHealth coverage types: Standard, CommonHealth, CarePlus, Family Assistance, and Limited. The coverage type for which a person is eligible is determined based on the individual's income and circumstances, as described in 130 CMR 503.000: *Health Care Reform: MassHealth: Universal Eligibility Requirements* through 130 CMR 505.000: *Health Care Reform: MassHealth: Coverage Types*, and immigration status, as described in 130 CMR 504.000: *Health Care Reform: MassHealth: Citizenship and Immigration*. (130 CMR 501.003(B)).

Regulation 130 CMR 505.000 et seq. explains the categorical requirements and financial standards that must be met to qualify for a MassHealth coverage type (130 CMR 505.001). As described in 130 CMR 505.001, the MassHealth coverage types are as follows:

- (1) MassHealth Standard – for people who are pregnant, children, parents and caretaker relatives, young adults, disabled individuals, certain persons who are HIV positive, individuals with breast or cervical cancer, independent foster care adolescents, Department of Mental Health (DMH) members, and medically frail as such term is defined in 130 CMR 505.008(F);
- (2) MassHealth CommonHealth – for disabled adults, disabled young adults, and disabled children who are not eligible for MassHealth Standard;
- (3) MassHealth CarePlus – for adults [REDACTED] years of age who are not eligible for MassHealth Standard;
- (4) MassHealth Family Assistance – for children, young adults, certain noncitizens, and persons who are HIV positive who are not eligible for MassHealth Standard, MassHealth CommonHealth, or MassHealth CarePlus;
- (5) MassHealth Limited – for certain lawfully present immigrants as described in 130 CMR

504.003(A): Lawfully Present Immigrants, nonqualified PRUCOLs, and other noncitizens as described in 130 CMR 504.003: Immigrants; and

- (6) MassHealth Medicare Savings Programs (MSP, also called Senior Buy-in and Buy-in) – for certain Medicare beneficiaries

Appellant is ■ years of age and has not been determined disabled; however, she meets the definition of a young adult ■ years of age and is eligible for MassHealth Standard coverage if modified adjusted gross income is less than 150% of the federal poverty level (130 CMR 505.002(B)(3)). Appellant is a tax-filer, claims no tax dependents, and is not claimed by another as a tax dependent. Appellant does not have children under ■ years of age, and did not report a pregnancy or a diagnosis of breast or cervical cancer, or HIV. Appellant is a household of one person for MassHealth eligibility purposes (130 CMR 506.002(B)). Countable income includes the total amount of taxable earned income described in 130 CMR 506.003(A) in addition to unearned income described in 130 CMR 506.003(B) less deductions described in 130 CMR 506.003(D)).<sup>1</sup> Appellant has not submitted to MassHealth evidence of student loan interest paid; however, she can do so at any time. Appellant's earned income forms the basis for establishing eligibility for MassHealth. Appellant is employed with verified seasonal monthly gross income totaling \$3,149.09 per month based on annual seasonal income of \$37,789.02.<sup>2</sup> Five percentage points of the current federal poverty level (FPL) is subtracted from the applicable

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<sup>1</sup> See 130 CMR 506.003(D) Deductions. Under federal law, the following deductions are allowed when calculating MAGI countable income. Changes to federal law may impact the availability of these deductions:

- (1) educator expenses;
- (2) reservist/performance artist/fee-based government official expenses;
- (3) health savings account;
- (4) moving expenses, for the amount and populations allowed under federal law;
- (5) one-half self-employment tax;
- (6) self-employment retirement account;
- (7) penalty on early withdrawal of savings;
- (8) alimony paid to a former spouse for individuals with alimony agreements finalized on or before December 31, 2018. Alimony payments under separation or divorce agreements finalized after December 31, 2018, or pre-existing agreements modified after December 31, 2018, are not deductible;
- (9) individual retirement account (IRA);
- (10) student loan interest;
- (11) scholarships, awards, or fellowships used solely for educational purposes; and
- (12) other deductions described in the Tax Cut and Jobs Act of 2017, Public Law 115-97 for as long as those deductions are in effect under federal law.

<sup>2</sup> See 130 CMR 506.003(A)(4): Seasonal income or other reasonably predictable future income is taxable income derived from an income source that may fluctuate during the year. Annual gross taxable income is divided by 12 to obtain a monthly taxable gross income with the following exception: if the applicant or member has a disabling illness or accident during or after the seasonal employment or other reasonably predictable future income period that prevents the person's continued or future employment, only current taxable income will be considered in the eligibility determination. Appellant's seasonal income is calculated: \$37,789.02 earned over 9 months divided by 12 months = \$3,149.09 per month.

household total countable income to determine eligibility of the individual under the coverage type with the highest income standard (130 CMR 506.007(A)). Appellant's average countable monthly income of \$3,149.09 places her at 245% of the federal poverty level [ $\$3,149.09 - \$62.75^3 = \$3,086.34$ ] [ $\$3,086.34 \div \$1,255 = 245.92\%$ ]. Appellant is categorically eligible for MassHealth Standard as a young adult; however, her income exceeds 150% of the federal poverty level, \$1,833. Appellant is not categorically eligible for any other MassHealth coverage types (130 CMR 505.001).

For the foregoing reasons, MassHealth's action is upheld, and the appeal is DENIED. Appellant can direct any questions about the Health Safety Net to 877-910-2100 or the Health Connector at 1-877-623-6765.

## **Order for MassHealth**

None.

## **Notification of Your Right to Appeal to Court**

If you disagree with this decision, you have the right to appeal to Court in accordance with Chapter 30A of the Massachusetts General Laws. To appeal, you must file a complaint with the Superior Court for the county where you reside, or Suffolk County Superior Court, within 30 days of your receipt of this decision.

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Thomas J. Goode  
Hearing Officer  
Board of Hearings

MassHealth Representative: Sylvia Tiar, Tewksbury MassHealth Enrollment Center, 367 East Street, Tewksbury, MA 01876-1957

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<sup>3</sup> 5% of \$1,255.